GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2657
ANSWERED ON:14.03.2001
HIGHER DEATH RATE IN TRIBAL AREAS
CHINTAMAN NAVSHA WANAGA;JAYABEN B. THAKKAR;PRAHLAD SINGH PATEL;SUSHILA SAROJ

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the death rate among people living in tribal areas in all the States is higher than those living in other areas due to greater incidence of diseases such as skin disease, anaemia, malaria, contagious diseases and reproductive diarrhoea, meningities diseases etc.,;

(b) if so, the facts thereof;

(c) the details of steps being contemplated by the Government for the improvement of health of tribals;

(d) whether the Union Government have provided Rs. one crore and twenty lacs to Gujarat to establish a molecular and psychogenetic laboratory in medical college of Vadodara;

(e) if so, the status of the proposed laboratory; and

(f) the number of pending health schemes with the Union Government for tribal areas from each State as on date?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) & (b) Majority of tribal population have a poor health profile due to various factors like poverty, illiteracy, ignorance, poor hygiene, sanitation, malnutrition, lack of access to health facilities, lack of communication facilities & educational institutions. These factors lead to higher incidence with deaths due to malnutrition, anaemia and infectious conditions like diarrhoea, respiratory disorders, skin diseases, malaria, meningities etc. in tribal areas as compared to non tribal areas. No separate data is maintained for the tribals for most of the diseases. However in the case of malaria, it is a fact that more than 80% malaria deaths are being reported from predominantly tribal districts of Andhra Pradesh, Bihar, Jharkhand, Gujarat, Madhya Pradesh, Chattishgarh, Maharashtra, Orissa and Rajasthan and seven North Eastern States.

(c) Keeping in view the difficulties of tribal habitation, high priority is accorded to health care services to those residing in tribal, hilly and backward areas. The population caoverage norms have been relaxed for opening Sub-centres, PHCs, CHCs andfor appointing multipurpose workers in tribal areas. Various National Health Programmes are being implemented all over the country to provide preventive, promotive, curative and rehabilitative services to ensure a basic mininum standard of life for all sections of people living in such areas, e.g. to taken care of the problem of malaria, the Enhanced Malraia Control Project hasbeen launched with Wrold Bank Support covering 100 hard core tribal districts w.e.f. September, 1997. Information, Education and Communicationwhich is an integral part of various disease control programmes has also been intensified for all, including those in tribal and remote areas.

(d) No funds have been provided by the Ministry of Health & Family Welfare for this purpose.

(e) Does not arise.

(f) No such scheme is pending.